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APPLICANTS

Tianmei Ouyang, Fremont, CA;

Yeung Siu Yu, Pleasanton, CA;

** CONTINUING DATA ***** *OK . B.S.*

This application is a CON of 09/659,938 09/12/2000 PAT 6,420,128

** FOREIGN APPLICATIONS ***** *OK . B.S.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	CA	1	9	1

ADDRESS

Johnson & Johnson
International Patent Law Division
Attention: Philip Johnson
P. O. Box 1222
New Brunswick, NJ
08903

TITLE

TEST STRIPS FOR DETECTING THE PRESENCE OF A REDUCED COFACTOR IN A SAMPLE AND METHODS FOR USING THE SAME

FILING FEE RECEIVED 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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